

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

1040
Do not use this space.

1. PLACE OF DEATH
 (a) County FEB 12 1938 Registration District No. 791
 (b) Township..... Primary Registration District No. 1003 Registered No. 896
 (c) City St. Louis, Mo. (d) Street No. Christian Hospital St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Amanda W. Kerls 642
 (a) Residence, No. 4129 Grove Street St. 10
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles F. Kerls

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 4, 1894

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
43 9 19

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

FATHER 13. NAME John Kocher

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland

MOTHER 15. MAIDEN NAME Minnie Benholtz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Missouri

17. INFORMANT (ADDRESS) Charles F. Kerls 4128 Grove Street

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 1/26/38

19. FUNERAL DIRECTOR (ADDRESS) Kraeger-Voss-Fix 3402 No. Kingshighway

20. FILED JAN 25 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/23, 1938

22. I HEREBY CERTIFY, That I attended deceased from 1/6, 1938, to 1/23, 1938
 I last saw her alive on 1/23/38, 19..... Death is said to have occurred on the date stated above, at 3:50 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary embolism Date of onset 1/23/38
48

Other contributory causes of importance:
operation performed for suspected carcinoma of cervix) Hysterectomy Date of 1/20/38
 Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide?..... Date of injury....., 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury.....
 Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify V. J. Muenchert M.D. M. D.
 (Signed) V. J. Muenchert M.D. (Address) Laurel West 13th

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STATEMENT BY LICENSED EMBALMER

I, Albert G. Hoppe, Licensed Embalmer No. 2971
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me
..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.
Signed Albert G. Hoppe
Licensed Embalmer No. 2971

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)